

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: <u>7-14-05</u>		2 Serial/Patent # <u>10/519587</u>	
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3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/> Filing			\$ 100
<input type="checkbox"/> Amendment			\$
<input type="checkbox"/> Extension of Time			\$
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$

	7 TOTAL AMOUNT OF REFUND	\$ 100
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10 REASON:	8 TO BE REFUNDED BY:							
<input checked="" type="checkbox"/> Overpayment	<input type="checkbox"/> Treasury Check							
<input type="checkbox"/> Duplicate Payment	<input checked="" type="checkbox"/> Credit Deposit A/C #:							
<input type="checkbox"/> No Fee Due (Explanation):	9 <table border="1" style="display: inline-table; text-align: center;"> <tr> <td style="width: 20px;">0</td> <td style="width: 20px;">7</td> <td style="width: 20px;">--</td> <td style="width: 20px;">0</td> <td style="width: 20px;">8</td> <td style="width: 20px;">3</td> <td style="width: 20px;">2</td> </tr> </table>	0	7	--	0	8	3	2
0	7	--	0	8	3	2		

11 REFUND REQUESTED BY:	
TYPED/PRINTED NAME: <u>John Anderson</u> SIGNATURE: <u><i>John Anderson</i></u> OFFICE: <u>PCT DO/EO</u>	TITLE: <u>Paralegal Specialist</u> PHONE: <u>308-9140 ext 211</u>

THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: _____ **DATE:** _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**